



KEY INFORMANT SURVEY

AUGUST 2017

Obtaining data from persons whose professional and/or organizational roles require they have knowledge about healthcare in Winnebago and Boone Counties, specific characteristics of the population being studied, as well as potential pathways and constraints for community change can be instrumental for planning purposes.

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Rockford Regional Health Council Key Informant Survey



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The findings and conclusions presented in this report are those of the authors alone and do not necessarily reflect the views, opinions, or policies of the officers and/or trustees of Northern Illinois University.



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EXECUTIVE SUMMARY

A key informant survey was conducted in August 2017 as part of the Rockford Regional Health Council's 2017 *Healthy Community Survey*. An online survey was administered to 67 key informants. The key informants were asked to assess the Council's five key focus areas of access to care and health equity, behavioral health, chronic disease, maternal/prenatal/early childhood health, and oral health on awareness of efforts, regional improvement, and additional regional needs. A total of 28 key informants completed the survey resulting in a 42% response rate.

The percentage of respondents aware of the Rockford Regional Health Council's efforts to address each of the five key focus areas ranges from 50% to 75%. The largest percentage of respondents are aware of the Rockford Regional Health Council's efforts to address access to care and health equity and the smallest percentage of respondents are aware of the Rockford Regional Health Council's efforts to address oral health.

The majority of the respondents think that the impact of the Rockford Regional Health Council's efforts in the past three years to address oral health (65%), access to care and health equity (62%), and chronic disease (61%) have had a major or moderate impact. In contrast, less than one-half of respondents believe that the Rockford Regional Health Council's efforts in the past three years to address behavioral health (48%) and maternal/prenatal/early childhood health (34%) have had a major or moderate impact.

Most respondents indicate that the Rockford Regional Health Council should continue its efforts to improve each of the key focus areas (behavioral health, 82%; access to care and health equity, 75%; chronic disease, 75%; maternal/prenatal/early childhood health, 64%; oral health, 61%) over the next three years.

The main aspects of access to care and health equity that the respondents report need improvement are location of healthcare services and underserved areas and need for mental health services. The primary aspect of behavioral health and oral health the respondents mention needs improvement is access to services. The aspects of chronic disease that the respondents most frequently report need improvement are additional education with an emphasis on lifestyle changes and screening for diabetes and cardiovascular disease. Early care, especially prenatal is cited as the major aspect of maternal/prenatal/early childhood health that needs improvement.



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INTRODUCTION

BACKGROUND

The Rockford Regional Health Council exists to build and improve community health in the region. To address this mission, the Rockford Regional Health Council conducts a *Healthy Community Study*, which is designed to identify community needs and provide a foundation for planning and development to address these needs. The *Healthy Community Study* is designed to provide local health systems and community organizations with timely data to support decision making regarding initiatives and efforts.

The 2017 *Health Community Study* includes a Community Analysis, Community Survey, and Key Informant Survey. This report focuses on the results of the Key Informant Survey.

QUESTIONNAIRE

As a result of the 2014 *Healthy Community Study*, the Rockford Regional Health Council identified five key areas on which they would focus their efforts. The five key focus areas are access to care and health equity, behavioral health, chronic disease, maternal/prenatal/early childhood health, and oral health. A questionnaire was designed to be administered online which asked key informants to rate their awareness of efforts, regional improvement, and additional regional need in these key focus areas (See Appendix A for the questionnaire).

SAMPLE

Sixty-seven individuals were identified by the Rockford Regional Health Council to receive the survey. The individual's name and email address were provided by the Rockford Regional Health Council.

DATA COLLECTION

On July 25, 2017, an email was sent to the 67 individuals inviting them to participate in the survey. The email described the purpose of the survey, how the results will be used, the confidentiality of the responses, and the approximate time to complete the survey. The email included a unique link to the survey (See Appendix B for the invitation email).

Reminder emails were sent to non-respondents on August 3, August 8, and August 15. The survey closed at midnight on August 15.

A total of 28 responses were received. A 42% response rate was achieved.



FINDINGS

DESCRIPTION OF RESPONDING ORGANIZATIONS

COUNTY SERVED BY ORGANIZATION

The majority (82%) of responding organizations serve both Winnebago and Boone Counties. A total of 15% of the responding organizations serve Winnebago County only and 4% serve Boone County only.

PRIMARY SERVICES PROVIDED BY ORGANIZATION

A variety of services are provided by the responding organizations. One tenth or more of the organizations provide medical (19%), educational/training (19%), human and social (19%), public health (14%), or behavioral health (10%) services. Other services provided by the responding organizations include: public (7%), employment (4%), youth development (4%), and legal (4%).

PRIMARY POPULATION GROUP SERVED BY ORGANIZATION

Most (68%) of the responding organizations serve all residents in the region. A total of 14% of the organizations serve only children and 7% of the organizations serve only adults. One-ninth (11%) of the organizations serve only low-income individuals or households.

ACCESS TO CARE AND HEALTH EQUITY

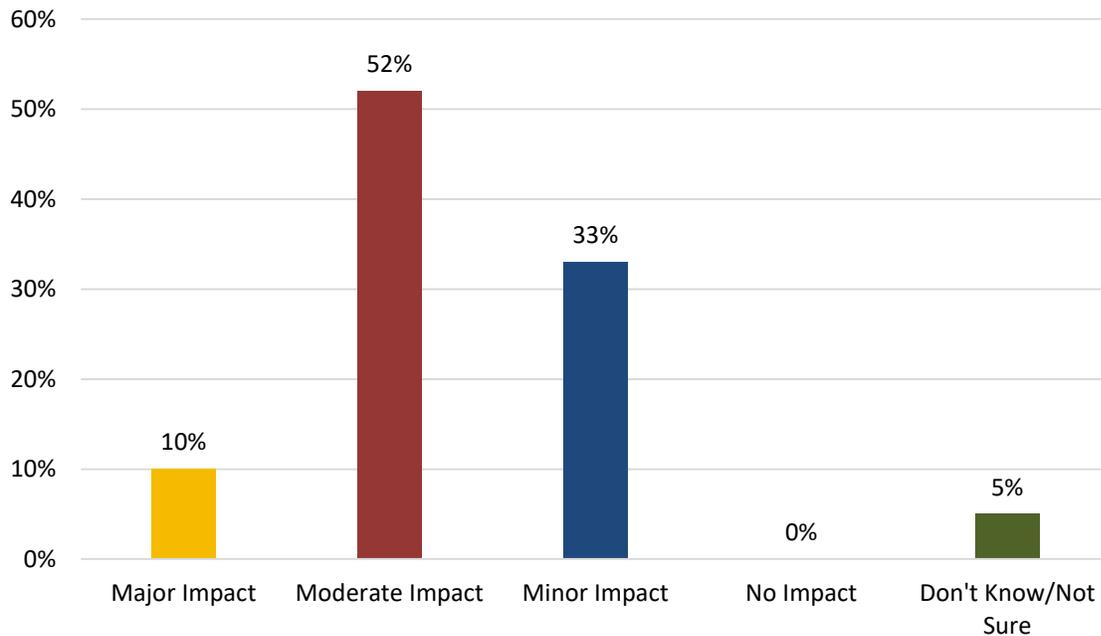
AWARENESS OF ROCKFORD REGIONAL HEALTH COUNCIL'S EFFORTS TO ADDRESS ACCESS TO CARE AND HEALTH EQUITY

Three-fourth (75%) of the respondents are aware of the Rockford Regional Health Council's efforts in the past three years to address access to care and health equity in the region.

IMPACT OF ROCKFORD REGIONAL HEALTH COUNCIL'S EFFORTS TO ADDRESS ACCESS TO CARE AND HEALTH EQUITY

More than three-fifths (62%) of the respondents who are aware of the Rockford Regional Health Council's efforts to address access to care and health equity in the region think that their efforts in the past three years have made a major (10%) or moderate (52%) impact (Figure 1).

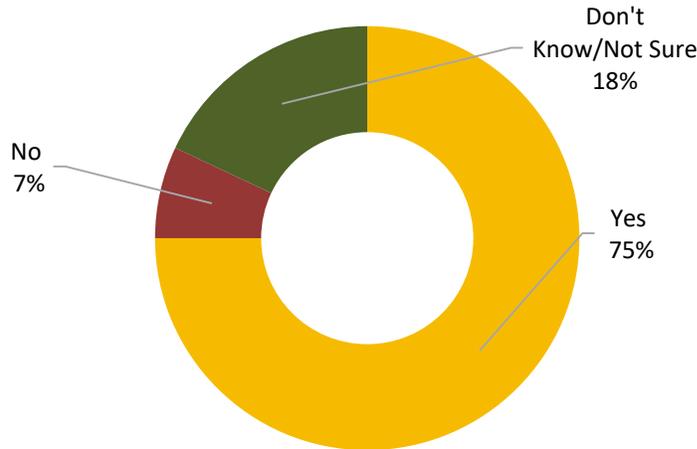
Figure 1: Impact of Rockford Regional Health Council’s Efforts to Address Access to Care and Health Equity



CONTINUATION OF EFFORTS TO IMPROVE ACCESS TO CARE AND HEALTH EQUITY

The majority (75%) of the respondents think that the Rockford Regional Health Council should continue its efforts to improve access to care and health equity in the region over the next three years (Figure 2).

Figure 2: Continuation of Rockford Regional Health Council’s Efforts to Improve Access to Care and Health Equity



ASPECTS OF ACCESS TO CARE AND HEALTH EQUITY THAT NEED IMPROVEMENT

If the respondent indicated that the Rockford Regional Health Council should focus its efforts on improving access to care and health equity in the region over the next three years they were then asked which specific aspects need improvement. They were given the opportunity to list up to three specific aspects.

As shown in Figure 3, the aspects of access to care and health equity that the respondents report need improvement are:

- Location of healthcare services and underserved areas (39%),
- Mental health services (25%),
- Health equity among low income individuals/minorities (14%),
- Health education and literacy (14%),
- Information about navigating the healthcare system (14%),
- Information about available healthcare resources (11%),
- Cultural sensitivity and diversity (11%),
- Oral health services (7%),
- Health disparities among minority individuals (7%),
- Emergency room care (7%),



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- Preventable diseases (7%),
- Affordability of healthcare services (4%),
- Healthcare services for seniors (4%), and
- Other aspects (21%).

For each specific aspect listed the respondent was asked to indicate the specific population groups that are in the greatest need of attention, the evidence of need, the gap in service, and the specific barriers to service (Figure 3).

Location of Healthcare Services and Underserved Areas

The respondents comment that healthcare services are lacking in low income areas and that services are not distributed equally between the East and West side of Rockford. The respondents believe that comprehensive healthcare services should be accessible to all populations and currently that is not the case. The specific barriers to service cited were lack of transportation and number of healthcare sites close to low income areas and the West side of Rockford.

Mental Health Services

The respondents report that triage services for mental health are needed for individuals with acute mental distress. They also mention the need for pediatric and adolescent mental health services. The evidence of need cited is the Winnebago County Mental Health Survey, long waiting lists for psychiatric care and counseling, and local statistics. The gap in service mentioned is lack of providers. The barrier to service reported most frequently is funding.

Health Equity Among Low Income Individuals/Minorities

According to the respondents, healthcare services need to be available to all residents including African Americans, Hispanics, and low-income individuals. The evidence of need cited is previous local studies and poor school attendance among children. Rural access to quality care and high pharmacy costs are gaps in service mentioned. Barriers to service include transportation, language, and awareness of services available.

Health Education and Literacy

Health education and health literacy needs to be improved in the region. According to the respondents there is a lack of understanding about the correlation between behavior and health. Specific groups identified as being in greatest need of attention are low-income



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residents and K-12 students and their families. Increases in preventable diseases are mentioned as the evidence of need. Health education programs are delivered in the region but not to the capacity needed. The main barrier to service mentioned is funding.

Information About Navigating the Healthcare System

The respondents indicate that there is a need for a navigator to help residents determine what type of care is needed and where to go for care. The specific population group that is in the greatest need is all residents. The evidence of need cited is the overuse of emergency rooms and the Affordable Care Act implementation. Funding and a navigator not being a priority for the region are cited as barriers.

Information About Available Healthcare Resources

Awareness of existing local healthcare resources needs to be increased among all residents. Evidence of need mentioned is that no centralized registry of service providers exists and that NAMI receives many calls from people who do not know what resources are available until the crisis happens. Gaps in service mentioned are that 2-1-1 doesn't appear to be working and there are limited hours at the triage center on Mulberry. Also, no priority is placed on keeping resource information current.

Cultural Sensitivity/Diversity

The respondents indicate that the specific aspects of cultural sensitivity/diversity that need to be addressed are healthcare providers treating all residents, especially immigrants and refugees, with dignity and respect, more healthcare providers that represent and reflect the community's diversity, and offering healthcare services in individuals' native languages.

Oral Health Services

Oral health services for adults on Public Aid, uninsured, and underinsured is needed. The evidence of need cited is prior Health Community Studies. Reimbursement to dentists from Public Aid is low. Treatment oriented care is prioritized over preventive care. The respondents mention lack of transportation to appointments, fear of dental procedures, and lack of insurance to cover procedures as barriers to service.

Health Disparities Among Minority Individuals

The respondents mention that there are health disparities among low income and minority individuals that need to be addressed. Access to health screenings was one specific area that



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was reported. The specific populations groups that are in the greatest need of attention are African Americans and Hispanics. The evidence of need cited is incidence of undetected chronic diseases. Lack of knowledge on how to tackle illnesses prevalent in certain racial groups and improve outcomes was indicated as a gap in service. Cost, language, awareness, availability and transportation are mentioned as specific barriers to service.

Emergency Room Care

Improving emergency room turnaround times and increasing awareness of proper ways to receive emergency care are two aspects of access to care that were mentioned by respondents. For improving emergency room turnaround times, the specific population group in need of attention is all residents. For increasing awareness of proper ways to receive emergency care, low-income residents are the specific population that needs attention. Too few emergency room staff and high volume of non-emergency ambulance calls are mentioned as gaps in service.

Preventable Diseases

The respondents were not specific about how to address preventable diseases other than mentioning the need for focused support for at risk populations. The evidence of need mentioned is incidence of obesity and smoking.

Affordability of Healthcare Services

According to the respondents all residents need more affordable healthcare services. The simplest tests or checkups are way too expensive even with insurance.

Healthcare Services for Seniors

The residents mention the need to follow-up with the senior population after an emergency room visit, outpatient or inpatient care. Follow-up can prevent or lessen repeated visits to emergency room and inpatient status.

Other Aspects

Other aspects of access to care and health equity that need improvement include safety, transportation in rural and low-income areas, educational attainment for impoverished and people of color, employment of all residents, especially people of color, and environmental risks on West and Southeast side of town.

Figure 3. Access to Care and Health Equity Aspects That Need Improvement

Specific Aspect of Access to Care and Health Equity That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Location of Healthcare Services/Underserved Areas				
Access for all populations	All	There are pockets of the area that services are not readily accessible.	Low income areas versus Northeast Rockford	Transportation, number of sites
Services in a location that all populations can access them	Locations where low income/at risk population resides	Families in need are not able to get to services because of lack of transportation.	Low income areas are lacking in services.	Transportation, number of sites close to the neediest
Health facilities in needy areas	All residents	Not prepared to offer specific information.	Not prepared to offer specific information.	Not prepared to offer specific information.
Equal access to high quality care irrespective of geography	All residents	Disparities exist in access to primary care which results in poorer outcomes.	More services available on the East side of our community than the West side.	Maldistribution of providers
Increasing access in underserved community areas and those experiencing significant poor health outcomes and health disparities	All residents in the designated areas	High infant mortality, low birthweight infants, adolescent pregnancy	Healthcare services directed at populations with resources to sustain, e.g., away from centers of poverty on West side.	Discrimination, racism, intergenerational poverty, transportation, concept of time (present vs. future), language, hours, appointments, lack of cultural competency in healthcare workforce
Location	All	No response provided	Making sure all areas of city have equal access.	Transportation
Depth of services in various areas of community	All, making sure comprehensive services can be accessed by all populations.	No response provided	No response provided	No response provided



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Specific Aspect of Access to Care and Health Equity That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Geographic access	West side	No response provided	No response provided	No response provided
The equity of services provided, regardless of zip code	All residents	For example, the stigma is that those on the West side aren't treated the same way as their counterparts on the East side of town.	No response provided	No response provided
Quality care for all	Especially low income/at risk populations	There are not enough services or hard to access services for people in need.	Low income areas are lacking in services	Transportation, number of sites close to the neediest
Insurance access equity across the region	All disparate populations	Healthcare access disproportional in region	Between impoverished and rest of population	Awareness, cost
Mental Health Services				
Immediate care for behavioral health crisis	All residents. The immediate access should not involve emergency rooms unless there are medical complications. The access should be a behavioral health crisis response system network such as triage center.	Winnebago County Mental Health Advisory Council Survey 2016	Funding has been a problem due to budget impasse in Illinois and people revert to emergency rooms and police for care.	Not enough local or state funding.



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Specific Aspect of Access to Care and Health Equity That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Access to mental/behavioral health services including substance abuse treatment	Pediatric and adolescent	Mental Health Advisory Committee assessment--community survey results	Lack of services in region, limited insurance coverage, minimal case management, lack of services in Community Support Systems Framework	Stigma, shortage of crisis, lack of triage to match clients with services based on assessment, failure to assess and identify early, poor coordination of care for dual diagnosis, lack of transportation, lack of supportive housing, employment opportunities
Funding for mental health services	All	There are very long waiting lists for psychiatric care and for counseling.	Difficult to find trained staff and funding to pay them.	Funding
Triage services for mental health	Persons with acute mental health distress	Over-utilization of jails and emergency rooms	Lack of sustainable funding	Funding and awareness
Mental health access for all	All residents that need mental health care	Domestic violence, substance abuse, child abuse and neglect serious issues affecting our community. Local statistics support this.	Cost and availability and language barriers	No response provided
Increase in capacity of behavioral health services for youth and adults	Youth with public benefits; all residents	No inpatient beds for youth with public benefits; long wait list for psychiatric services for youth; walk in requirements for assessment services for behavioral health services	Adolescent public in patient mental health beds; lack of adolescent psychiatric services	No providers



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Specific Aspect of Access to Care and Health Equity That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Funding for trauma-impacted youth	Youth ages 0 - 21	There is limited funding and resources for youth impacted by trauma.	Funding is the gap	Funding
Health Equity Among Low Income/Minority Individuals				
Services available to low income families	All minorities	Socioeconomic issues, transportation, education affecting minorities	Language for some, legal documentation for some, cost, cultural sensitivity issues	Already stated for each
Access to care for minority families	All residents, low income	Poor attendance and health care for low income students/families	Rural access to quality health care, transportation, and awareness of service	Awareness of service and transportation
Care for all without regard to ability to pay	All residents	Low income individuals reluctant to seek care.	Usurious pharmacy costs, for one	Language, lack of understanding of available financial resources
Services available for schools to low income families	All residents, low income	Poor attendance and health care for low income students/families	Rural access to quality health care, transportation, and awareness of service	Awareness of service and transportation
Health Education/Health Literacy				
Health education	Youth and low income	Poor overall health, bad or limited nutrition choices	Funding, high level of undereducated, low income population	Funding
How to and healthy habits programming	Member organizations--Y's, community centers, churches	Good nutrition and exercise both require practice and reinforcement.	Effective programs are delivered in the region but not to scale.	Good programs can be identified. Capacity to deliver is the issue.



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Specific Aspect of Access to Care and Health Equity That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Healthy living education	K - 12 students and their families	Increases in preventable disease suggest lack of understanding about choice and the correlation between behavior and health.	Education occurs, but is obviously not as effective as we need it to be. Classroom teachers are not adequately prepared or supported as providers of health education.	Our education systems have a lot of external forces acting on them. Educators do not have spare capacity for inventing better delivery of healthy living education.
Health literacy	All	No response provided	No response provided	No response provided
Information About Navigating the Healthcare System				
Immediate navigator to help families and individuals navigate the system of care	All residents should be able to call and get linked to immediate access to care.	Affordable Care Act implementation showed the need for the navigator.	People in our community from all walks of life do not know how to navigate the health care system. They feel lost and fearful when they call Rosecrance because they have no knowledge of what type of care is needed and where to go for help.	Not a priority for our counties
Education regarding enrollment in and use of insurance	All residents	With Medicaid expansion, people who have never had insurance before now are eligible but do not understand the benefits or processes; Emergency rooms continue to be overused.	No case management or navigation services	Funding



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Specific Aspect of Access to Care and Health Equity That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Affordable Care Act navigation	All residents	No response provided	No response provided	No response provided
Linkage to primary care	All residents	No response provided	No response provided	No response provided
Information About Available Healthcare Resources				
Education about existing local health resources and gaps in resources/access	All residents	No centralized registry of service providers exists.	2-1-1 doesn't appear to be working--no crisis line--limited hours at triage center on Mulberry--police do not carry Narcan	No priority placed on keeping resource information current.
Educate community on available access to care and resources	Campaign for all residents to know what is available in community regarding immediate access to care before a crisis happens. It is a preparedness such as we have for tornadoes. Where to go, who to contact other than only 911.	NAMI receives many call because people in Winnebago Boone County do not know what resources are available until the crisis happens.	If community knew what health resources are available, fewer people from Winnebago and Boone County would end up in jail, homeless or in hospitals.	Not a priority for our counties
Awareness of care (publicity)	Continue to provide awareness of all services via mass media and social media.	No response provided	No response provided	No response provided



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Specific Aspect of Access to Care and Health Equity That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Cultural Sensitivity/Diversity				
Cultural sensitivity issues	All	All clients must be treated with dignity and respect especially during this turbulent political time.	Current political climate has made immigrants and refugees feel unsafe and unwelcomed. As a result, they are not always seeking services.	Community is fragmented and more effort must be made to welcome immigrants and refugees to our communities.
More healthcare professionals who represent and reflect the community's diversity	All residents	Pretty self-explanatory. People avoid going to medical facilities because they're worried about how they'll be treated. Trauma-informed mindset tells you that the easiest way to break down the proverbial wall is to have someone that looks like the patient be there to welcome them.	No response provided	No response provided
Language barriers	Hispanic and all refugee and immigrant populations	Care providers must offer services in client's native language(s)	Not all social service agencies and health care facilities in Boone have bilingual staff.	Limited bilingual staff; language lines are very impersonal; children and family members should not be interpreting, but it happens



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Specific Aspect of Access to Care and Health Equity That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Oral Health Services				
Dental care for adults	All adults, especially those on public aid (reimbursement rates to dentists is unacceptable)	Dental care reimbursement by public aid for adults is less than 10 cents of every dollar provided. Dental health problems lead to far bigger problems than just dental decay; fair reimbursement could prevent significant expenses down the road.	Folks don't enjoy going to the dentist; reimbursement to dentists from public aid is pennies on the dollar. A perfect storm.	No response provided.
Access to affordable oral health services	Uninsured	Prior Healthy Community Studies	Lack of dental services to those who are uninsured or underinsured, treatment oriented care is prioritized over preventive care.	Extensive work required with fear of dental procedures, pain management; lack of insurance to cover procedures, multiple visits required for care e.g., root canal, lack of transportation to appointments
Health Disparities Among Minority Individuals				
Reducing racial disparities	Specific disparities affecting Black community and Latino community	In the past local studies have shown disparities	Some illnesses more prevalent in certain racial groups. Need to address how to tackle these disparities and improve outcomes	No response provided



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Specific Aspect of Access to Care and Health Equity That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Health screening access to most disparate populations	African-Americans, Hispanics, impoverished	Undetected chronic diseases	African-American, Hispanic, impoverished	Awareness, availability, cost, transportation
Emergency Room (ER) Care				
Improving Emergency Room turnaround timeframes	All residents	Average turnaround times need to improve	Understaffed ER and too few ER rooms	Once again, too many patients, not enough ER staff
Proper ways to receive emergency care	Low income	High volume of non-emergency ambulance calls	No real awareness of alternatives	No barrier, just over-utilized
Preventable Diseases				
Preventable diseases	Community wide	Obesity and smoking	Access to care facilities, low income population	Discipline
Focused support for at risk populations	Individuals presenting with serious or chronic illness.	Credible studies show that chronically ill individuals place an outsize burden on the health care system and that preventive support can reduce high cost emergencies.	The concept is controversial, that we should provide extra care for persons that may be chronically ill due to lifestyle choices. It is further complicated by the fact that investment may be made by one entity and the benefit (for example in reduced emergency room visits) may be realized somewhere else in the system.	Compartmentalization of the health care system makes it difficult to invest in solutions when the cost is born in one area and the benefit accrues in another area.



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Specific Aspect of Access to Care and Health Equity That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Affordability of Healthcare Services				
More affordable options	All residents	This affects everyone. The simplest tests or checkups are way too expensive...even with insurance. Yet we wonder why those less fortunate shy away from simple medical services. They don't want to incur those costs when they're worried about putting food on the table.	No response provided	No response provided
Healthcare Services for Seniors				
Particular effort to follow senior population following Emergency Room visit, outpatient or inpatient care	All residents	Follow-up can prevent or lessen repeated visits to ER and inpatient status.	When was the last time someone truly followed up with you after an ER, outpatient, or inpatient experience	Language, lack of knowledge of available resources
Other				
Safety	People of color/impooverished	Gun violence, robberies, etc.	Violence everywhere	Youth are not given purpose
Transportation	Rural and/or low income	People must be able to physically get to their services.	The bus line in Boone County has limited stops and hours. The Keen Age Center bus requires a reservation 24 hours in advance.	Times and routes for the bus



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Specific Aspect of Access to Care and Health Equity That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Income equality/job creation	All residents, especially people of color	Unemployment	Low wage jobs	Education, training, transportation
Education	People of color, and impoverished families	Low graduation rates	Graduation disparity	Getting the youngest educational fundamentals
Funding for delinquents to increase safety	Youth ages 5 - 18	There are no prevention, early intervention, and limited treatment services for delinquents.	Funding is the gap	Funding
Environmental equity across the region	All residents	Environmental risks in disenfranchised areas	West and Southeast sides of town	Historic geographical inequities

BEHAVIORAL HEALTH

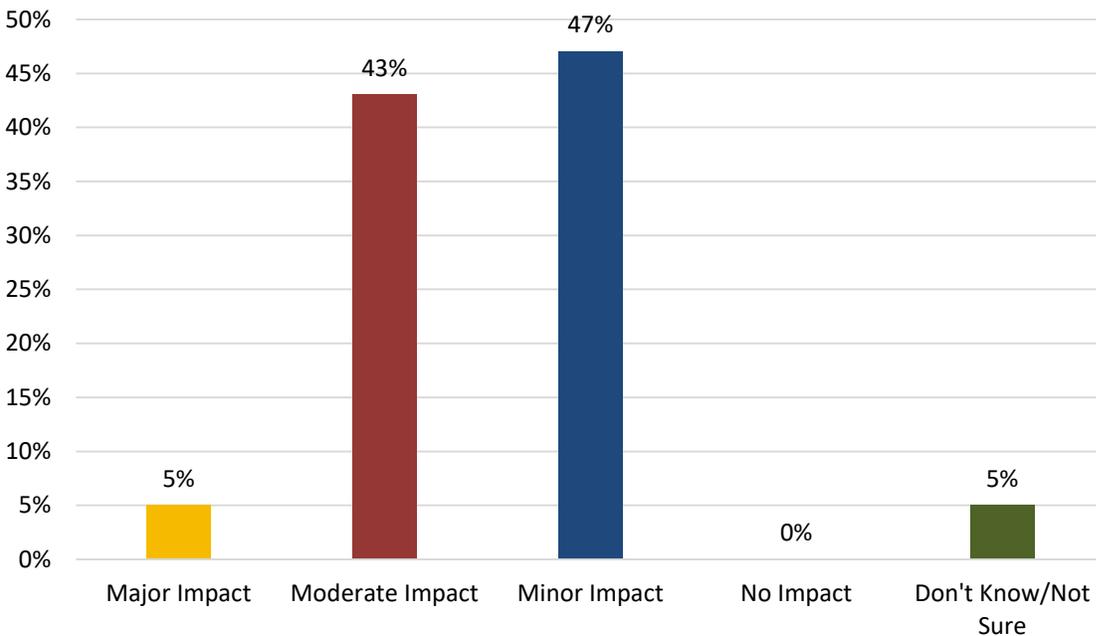
AWARENESS OF ROCKFORD REGIONAL HEALTH COUNCIL'S EFFORTS TO ADDRESS BEHAVIORAL HEALTH

More than two-thirds (68%) of the respondents are aware of the Rockford Regional Health Council's efforts in the past three years to address behavioral health in the region.

IMPACT OF ROCKFORD REGIONAL HEALTH COUNCIL'S EFFORTS TO ADDRESS BEHAVIORAL HEALTH

A total of 48% of respondents who are aware of the Rockford Regional Health Council's efforts to address behavioral health in the region think that their efforts in the past three years have made a major (5%) or moderate (43%) impact (Figure 4).

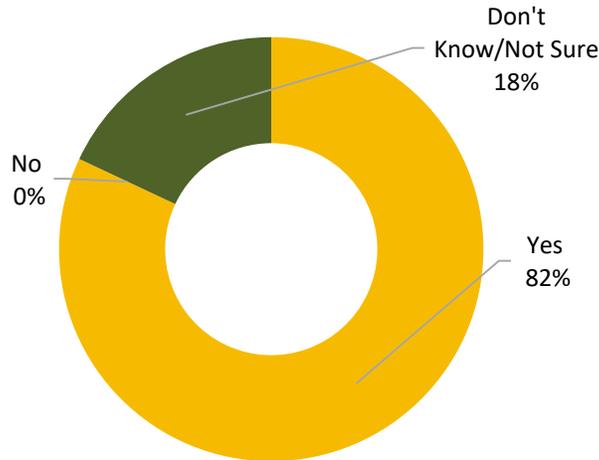
Figure 4: Impact of Rockford Regional Health Council's Efforts to Address Behavioral Health



CONTINUATION OF EFFORTS TO IMPROVE BEHAVIORAL HEALTH

The majority (82%) of the respondents think that the Rockford Regional Health Council should continue its efforts to improve behavioral health in the region over the next three years (Figure 5).

Figure 5: Continuation of Rockford Regional Health Council’s Efforts to Improve Behavioral Health



ASPECTS OF BEHAVIORAL HEALTH THAT NEED IMPROVEMENT

If the respondent indicated that the Rockford Regional Health Council should focus its efforts on improving behavioral health in the region over the next three years they were then asked which specific aspects need improvement. They were given the opportunity to list up to three specific aspects.

As shown in Figure 6, the aspects of behavioral health that the respondents report need improvement are:

- Access to behavioral health services (75%),
- Drug abuse (21%),
- Funding (14%),
- Community education about the nature of behavioral health (14%),
- Behavioral health screening (11%),
- Community education about behavioral health services (7%),
- Coordination of services (7%),
- Collaboration of agencies (7%), and
- Other aspects (7%).

For each specific aspect listed the respondent was asked to indicate the specific population groups that are in the greatest need of attention, the evidence of need, the gap in service, and the specific barriers to service (Figure 6).



Rockford Regional Health Council Key Informant Survey

Access to Behavioral Health Services

The respondents comment that behavioral health services are lacking in the region. Crisis, triage, and supportive services are specifically mentioned as needed. The population group that is in greatest need of attention are all residents, but particularly children. The Mental Health Advisory Committee study and local reports of unmet needs are cited as the evidence of need. Lack of a Community Support System Framework, lack of adolescent mental health beds, limited psychiatric services for youth with public benefits are mentioned as gaps in service. The barriers to service mentioned are lack of providers, low reimbursement rates for providers, stigma and concern with labeling, cultural sensitivity, cost, transportation, and lack of the public's understanding of the impact and outcomes.

Drug Abuse

Drug addiction and the opioid crisis are areas that need improvement. Impoverished communities are mentioned as needing the greatest attention for drug addiction. All residents are in greatest need of attention for the opioid crisis. The evidence of need cited is crime and broken families for drug addiction and high mortality rates for opioid overdoses in the region for the opioid crisis. The gap in service for drug addiction is there are very few mental health facilities that provide drug treatment services. The gaps in service for the opioid crisis are the police do not carry Narcan, limited detox and inpatient treatment beds, and limited hours at triage center. The specific barriers to service are physician and consumer education on the potential dangers of opioids.

Funding

Funding for behavioral health services is needed. Suggestions for obtaining funding include grants and a sales tax referendum. Waiting lists and hours of access being cut back are mentioned as evidence of need. One respondent mentioned the gap in service is local funding for behavioral health services instead of relying on the state of Illinois. A specific barrier to grant funding is agency staff do not have the skill or time to write grants that are competitive.

Community Education About the Nature of Behavioral Health

According to the respondents, education about behavioral health is needed for all residents. The evidence of need is the stigma carried by behavioral health and the unawareness of the signs and conditions leading up to behavioral health issues. The respondents believe availability of good educational resources and behavioral health forums for all residents in locations close to their residency are needed.



Rockford Regional Health Council Key Informant Survey

Behavioral Health Screening

The respondents believe that screening for behavioral health conditions is needed for all residents, but in particular youth and minorities. More individuals with undiagnosed and untreated mental health conditions is mentioned as the evidence of need. Cost, awareness, and stigma are reported as the barriers to service.

Community Education About Behavioral Health Services

All residents need education about which behavioral health services are available in the region and how to access the services. Currently, there is no coordinated information available regarding existing behavioral health services and limited education about how to access the services. One respondent indicates there is a lack of priority on keeping directory of services and providers updated.

Coordination of Services

According to the respondents there is no system of care to provide full level of behavioral health services for either adults or children.

Collaboration of Agencies

The respondents believe that there is difficulty with agencies working together and there is duplication of services. They think coalition and partnership development is needed.

Other Aspects

The respondents mention that crime by individuals with behavioral health disorders needs to be reduced. The barriers to service reported are lack of sufficient case workers and law enforcement specialists. Respondents also mention that behavioral health is a symptom of societal health and there is a correlation between unemployment and behavioral health. They state that we are not adequately understanding the connection between extractive practices and economic policy that supports redistribution of wealth away from communities and subsequent behavioral health problems.

Figure 6. Behavioral Health Aspects That Need Improvement

Specific Aspect of Behavioral Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Access to Behavioral Health Services				
Access to services including supportive for adults	Adults (18 years of age and older)	Mental Health Advisory Committee study	Need to establish and implement Community Support System Framework that includes health/medical, housing, education/employment, early identification, crisis response, protection and advocacy, rehabilitation, family and community support, and peer support.	Stigma/concern with labeling, academic engagement, transportation, lack of providers, poor integration with school/employment system, uninsured, inadequate coverage, lack of public funding, poor understanding of general public of the impact and outcomes
Access	All	Depth of services available	Access is limited	No response provided
Affordable access to counselling	All population groups	We see students with obvious need and no financial resources to get the help they need.	RVC has 3 free sessions, but then students need to pay for further counselling.	Financial
Capacity	All residents	Unmet needs	Lack of adolescent inpatient mental health beds, limited psychiatric services for youth with mental illness with public benefits	Lack of providers, low reimbursement rates, paperwork



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Behavioral Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Expansion of mental illness resources	All residents	We have very few resources, and what is available is overtaxed already.	Lack of resources of all kinds	Lack of resources in our region
Immediate access to care	All residents	Not available 24/7 and that is what is needed	Not available 24/7--people therefore end up in jail, emergency rooms and on the street	No funding
Access to crisis care for all (behavioral emergency)	Not nearly enough crisis beds available in the area.	No response provided	No response provided	No response provided
Counseling/treatment centers available to all	All	Budget cuts to services	Counseling treatment could be available in schools where parents are more apt to go to.	Not easily attained
Services offered	All residents	Unmet needs	Limited integrated treatment resources for persons with co-occurring disorders; walk in requirement for assessment services; inpatient wait lists for adults with substance dependence disorders on public benefits	Lack of providers, low reimbursement rates



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Behavioral Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Access to services including supportive for pediatric/adolescent	Children especially those less than 12 years of age through 18	Mental Health Advisory Committee study	Need to establish and implement Community Support System Framework that includes health/medical, housing, education/employment, early identification, crisis response, protection and advocacy, rehabilitation, family and community support, and peer support.	Stigma/concern with labeling, academic engagement, transportation, lack of providers, poor integration with school system, uninsured, inadequate coverage, lack of public funding, poor understanding of general public of the impact and outcomes
Access to children's behavioral health, hospitalization	Not nearly enough crisis beds for children in the area; kids are shipped off to Chicago.	At Milestone we have had to send children to Streamwood and Chicago numerous times over the years.	No response provided	No response provided
Access to inpatient pediatric behavioral health beds	Children	None currently, Swedish American is planning to expand	None currently available	No response provided
Service to students suffering from social and emotional disorders	All students PreK-12	More students are suffering from social and emotional disorders which is negatively impacting their attendance, grades, performance and often leads to destructive decisions.	More direct support for school districts to help provide referrals to families.	Lack of program awareness, lack of insurance from families, and transportation



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Behavioral Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Access to services including supportive for developmentally disabled	All	Mental Health Advisory Committee study	Need to establish and implement Community Support System Framework that includes health/medical, housing, education/employment, early identification, crisis response, protection and advocacy, rehabilitation, family and community support, and peer support.	Stigma/concern with labeling, academic engagement, transportation, lack of providers, poor integration with school/employment systems uninsured, inadequate coverage, lack of public funding, poor understanding of general public of the impact and outcomes
Depression management	All, especially people of color	Community and domestic violence	Access to mental health services	Access to treatment
Mental health counseling	Domestic abuse, substance abuse, all that need it	Local reports of mental health needs	No response provided	Cost, language, cultural sensitivity
Increase number of providers offering low cost care	Low income residents	Local reports	No response provided	No response provided
Continued support of crises and triage services	All residents	Continued volatility of Rosecrance services dependent on funding	Potential restrictions based on funding not available	No response provided
Advocacy for more mental health services	All residents	Limited options to receive services	Limited access for the underserved	Availability



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Behavioral Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Conflict management	Youth	Community and domestic violence	Non-existent on a community-wide scale	Education and training
Counselors that can handle diverse populations	Our immigrant population	Immigrant population struggling and unable to get help for mental health needs.	No response provided	No response provided
Drug Abuse				
Addiction	All residents	No response provided	No response provided	No response provided
Drug abuse	Impoverished communities	Crime, broken families	Access to drug treatment services	Access to treatment
Addiction	No response provided	No response provided	There are very few mental health facilities, which might impact addiction issues	No response provided
Opiate epidemic	All residents	High mortality rates for opioid overdoses in both counties, Winnebago County particularly	Police don't carry Narcan, limited detox and inpatient treatment beds, limited hours at triage center	Funding
Opiate crisis	All	Large number of studies show opiate crisis data	Need all aspects covered from early school to adulthood	Money, program access
Overprescribing of opioids	All residents	Overdose and mortality statistics	Statistical evidence	Physicians and consumer education on potential dangers



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Behavioral Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Funding				
Grant searching for funding for behavioral health	All residents	We need more funding to offer services for our community.	There is not enough funding available to address the need.	Not enough staff time and skill at specific agencies to write grants that are competitive.
Funding	All	Funding that provides services	Funding to provide access is limited	No response provided
Local funding including a sales tax referendum	All residents	Not enough local and state funding so hours of access had to be cut back.	No local funding for behavioral health. We rely on state of Illinois, which has had a budget impact for 2 years	No funding
Funding	All	Waiting lists	No response provided	No response provided
Community Education About the Nature of Behavioral Health				
Community awareness	All residents	Lack of understanding of the nature of behavioral health	Understanding	Availability of good educational resources
Community education and stigma busting	All residents	Behavioral health carries a huge stigma.	People still misinformed	Misinformation and miseducation
Mental health education	All residents	Region-wide unawareness, stigma	Minorities, poor	Awareness, stigma
Awareness of behavioral health concerns	All	Many parents don't know the signs and conditions leading up to behavioral issues.	Behavioral health forums need to be available for all in locations close to their residency	Not readily available



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Behavioral Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Behavioral Health Screening				
Mental health screening	African-Americans, Hispanics, youth	Undiagnosed and treated mental health in our community	Minorities, poor	Awareness, cost, stigma
Screening for behavioral health concerns	All	More behavioral problems in schools due to budget cuts to services.	The ACES could and should be administered in schools to ascertain the needs of the students.	Not mandatory at this time
Affordable access to testing/screening	All population groups	We see students with undiagnosed conditions which affect their learning. They cannot get "Accommodations" without the proper testing/ screening. Students often say they do not have the financial resources to get the testing in order to get the accommodations to help in class.	Financial costs	Financial
Community Education About Behavioral Health Services				
Education	All residents	People don't know how to access services	No coordinated information regarding existing resources	Lack of priority on keeping current directory of services and providers



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Behavioral Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Community education of behavioral health needs	All residents	Not enough education therefore people are left wondering what services are available.	Education of behavioral health needs is limited at best. With more education of behavioral health preventative care could reduce cost.	No response provided
Coordination of Services				
Coordination	All	No system of care for behavioral health--either children or adults.	No response provided	No response provided
Alignment of services	Agencies	Lack of system to provide full level of services to those in need.	No perceived alignment	No response provided
Collaboration of Agencies				
Collaboration	All	Difficulty with agencies working together	No response provided	No response provided
Coalition and partnership development	Community stakeholders, local government, local elected officials, and representatives from the community	No response provided	We must work together better to attack the behavioral health concerns and gaps identified in our communities.	Not all agencies are working together cohesively and there is duplication of services.



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Behavioral Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Other				
Understanding behavioral health as a symptom of societal health	All residents	Correlations between unemployment and behavioral health	We are not adequately understanding the connection between extractive practices and economic policy that supports redistribution of wealth away from communities and subsequent behavioral health problems.	Social momentum and acceptance of unquestioned assertions are currently supporting a flow of wealth away from communities.
Crime reduction	All residents	So much crime linked to people with disorders	Understanding, knowledge of repeat offenders	Lack of sufficient case workers, law enforcement specialists

CHRONIC DISEASE

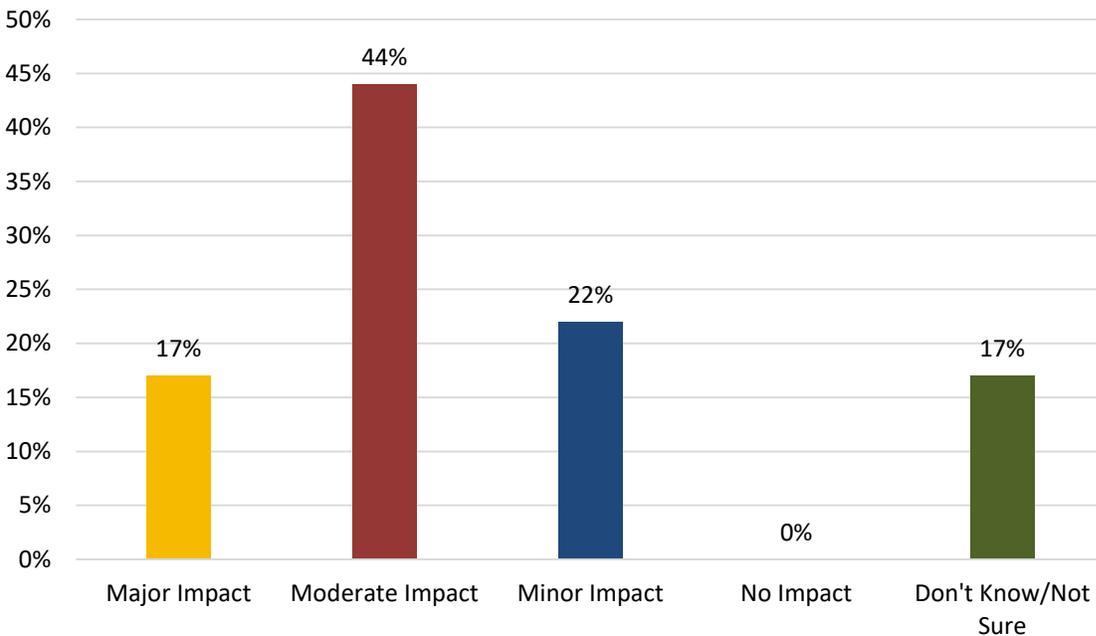
AWARENESS OF ROCKFORD REGIONAL HEALTH COUNCIL'S EFFORTS TO ADDRESS CHRONIC DISEASE

More than three-fifths (64%) of the respondents are aware of the Rockford Regional Health Council's efforts in the past three years to address chronic disease in the region.

IMPACT OF ROCKFORD REGIONAL HEALTH COUNCIL'S EFFORTS TO ADDRESS CHRONIC DISEASE

The majority (61%) of the respondents who are aware of the Rockford Regional Health Council's efforts to address chronic disease in the region think that their efforts in the past three years have made a major (17%) or moderate (44%) impact (Figure 7).

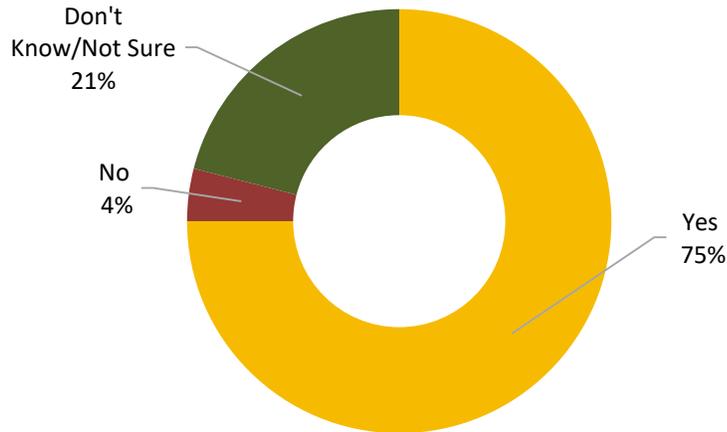
Figure 7: Impact of Rockford Regional Health Council's Efforts to Address Chronic Disease



CONTINUATION OF EFFORTS TO IMPROVE CHRONIC DISEASE

Three-fourths (75%) of the respondents think that the Rockford Regional Health Council should continue its efforts to improve chronic disease in the region over the next three years (Figure 8).

Figure 8: Continuation of Rockford Regional Health Council’s Efforts to Improve Chronic Disease



ASPECTS OF CHRONIC DISEASE THAT NEED IMPROVEMENT

If the respondent indicated that the Rockford Regional Health Council should focus its efforts on improving chronic disease health in the region over the next three years they were then asked which specific aspects need improvement. They were given the opportunity to list up to three specific aspects.

As shown in Figure 9, the aspects of chronic disease that the respondents report need improvement are:

- Diabetes (29%),
- Cardiovascular disease (29%),
- Obesity (21%),
- Chronic disease services (19%),
- Education (14%),
- Early detection/screening (11%),
- Healthy lifestyles (11%),
- Medications (7%),
- Prevention (7%), and
- Social determinants of health (4%).



Rockford Regional Health Council Key Informant Survey

For each specific aspect listed the respondent was asked to indicate the specific population groups that are in the greatest need of attention, the evidence of need, the gap in service, and the specific barriers to service (Figure 9).

Diabetes

The respondents believe that the rate of diabetes among all residents, especially among minorities needs to be addressed. Healthy lifestyles, screening for the disease, and compliance and ongoing management of the disease are needed. The evidence of need is national data, local reports indicating that Hispanics have a higher rate of diabetes, the increasing rate for children, and complications and premature deaths from diabetes. The gap in service cited is not enough Medicaid doctors.

Cardiovascular Disease

The incidence of cardiovascular disease among all residents needs to be reduced. The evidence of need mentioned is a high incidence of individuals with hypertension and strokes in the region. The respondents believe that greater education is needed about how a poor diet and a sedentary lifestyle leads to cardiovascular disease. The gap in service mentioned is access to care and specifically not enough Medicaid doctors. The barriers to service include awareness, screening for disease, and not seeing a doctor regularly.

Obesity

Obesity among all residents needs to be addressed. The evidence of need is national and local data. The gaps in service are food deserts, lack of activity-friendly public spaces, and lack of education about nutrition. The specific barriers to service are poverty and not following nutritional guidelines.

Chronic Disease Services

The respondents believe prevention services, home services, and manageability counseling should be available to all residents. The gaps in service are not enough personnel and lack of collaboration between agencies and health care systems. Specific barriers to service are lack of training for personnel, acceptance by patients, and language.

Education

Education is needed about chronic disease for all residents in the region. Many residents do not understand the connection between their lifestyle and their health. The statistical growth in chronic diseases and Rockford being the fourth most obese city in the country are mentioned as evidence of need. The main barriers are funding and figuring out how to inspire interest in educational programs.



Rockford Regional Health Council Key Informant Survey

Early Detection/Screening

All residents need early screening and detection of chronic diseases. Health seeking behavior occurs only when there are symptoms of a disease. Barriers to service include cost, transportation, language, lack of understanding of importance, willingness of patients to give full disclosure of symptoms.

Healthy Lifestyles

Healthy lifestyles are needed for all residents. Healthy food options are needed for low-income residents. The evidence of need is the obesity rate in the region. The gaps in service are the lack of access to healthy lifestyle and food options.

Medications

The respondents believe that residents do not understand the importance of medication adherence and doctor follow-up. The barriers mentioned include primary care provider continuity, cost, and difficulty of individuals to be consistent.

Prevention

Prevention of chronic diseases needs improvement among all residents. The evidence of need is that preventable chronic disease is growing. The gaps in service reported are inefficient case management and patient support and the lack of community policies and strategies to prevent chronic disease. Specific barriers to service mentioned are lack of funding for prevention activities, lack of community-wide policies to support healthy behaviors, and lifestyle modifications are difficult to implement and maintain.

Social Determinants of Health

The social determinants of health need to be addressed. According to the respondents addressing the fundamental reasons why minorities, low-income individuals, and immigrants are getting sick will lessen the burden on the healthcare system.

Table 9. Chronic Disease Aspects That Need Improvement

Specific Aspect of Chronic Disease That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Diabetes				
Diabetes	All residents	No response provided	Continued growth in percentage of population affected.	No response provided
Diabetes	No response provided	I understand that this is a disease often correlated with poverty and we have high poverty in our community.	I don't know that there is a gap in service.	Lifestyle changes and understanding of the disease
Diabetes	African Americans, and all residents	No response provided	Compliance and ongoing management	No response provided
Diabetes	Minorities, poor	Disproportionate complications from diabetes	Disproportionate complications from diabetes	Screening, referrals
Diabetes	All residents	No response provided	No response provided	No response provided
Diabetes	All residents	National data	Not enough Medicaid doctors	Poverty and not following good nutritional guidelines
Diabetes	Hispanics	Hispanics have had higher rate and children rates increasing based on local reports.	Poor preventive care and knowledge	No response provided
Diabetes	Minority and impoverished populations	Premature deaths	Diagnosis, treatment, education	Healthy lifestyle options
Cardiovascular Disease				
Cardiovascular	Minorities, poor, young	Disproportionate heart disease, strokes	Disproportionate heart disease and stroke	Awareness, screening, referrals
Cardiovascular health	All	Hypertension, strokes	Education	Access to prevention services



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Chronic Disease That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Heart	All residents	National data	Not enough Medicaid doctors	People not seeing their doctor regularly
Heart disease	All residents	No response provided	No response provided	No response provided
Heart disease	all residents	Poor diet, sedentary lifestyle that frequently goes with our northern climate	No response provided	Lifestyle changes and understanding of the disease
Heart failure	All residents	General health of community	Compliance and ongoing management	No response provided
High blood pressure	Blacks	Past studies on blacks and high blood pressure	Education and access to care	No response provided
High cholesterol	All residents	No response provided	Continued growth in percentage of population affected.	No response provided
Obesity				
Obesity	All residents	Statistics	Nutritional choices, education	No response provided
Obesity	All	Diabetes, joint problems	Activity-friendly public spaces	Healthy food access options
Obesity	All residents	Growing population of obese residents.	A comprehensive holistic approach is missing.	Some of it is access to services, education, appropriate nutritional access
Obesity	All residents	National data	Not enough Medicaid doctors	Poverty and not following good nutritional guidelines
Obesity	All	Reports of high obesity rates locally.	Food deserts and poor education related to proper nutrition	No response provided



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Chronic Disease That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Childhood obesity	Youth and families	High rates of childhood obesity and the impact on lifelong health.	There is no education or intervention strategy in RPS 205 regarding the causes and impact of childhood obesity.	Lack of education about causes and choices
Chronic Disease Services				
Service delivery	All residents	Minimize duplication of services, focus on prevention	Not all agencies or health care system working together.	Time and staffing, training for employees
Palliative care	All	No response provided	No response provided	No response provided
Home services (medical and non-medical)	No response provided	No response provided	No response provided	No response provided
Manageability counseling	All residents	Evidence of too little too late syndrome, excessive self-diagnosis	Lack of personnel to provide information	Language, timeframes, acceptance on patient level
Collaboration	All residents	Minimize duplication of services, focus on prevention	Not all agencies or health care system working together.	Time and staffing for agencies/facilities to meet and work together
Education				
Education	All residents	Chronic preventable disease is growing.	Many individuals do not understand the connection between choices and lifestyle and their health.	Figuring out how to inspire interest and attention, and how to sustain engagement for change.
General education	All residents	Need for continued reinforcement	Lack of programs or funds to have regular educational programs.	No response provided
Nutritional/dietary education	All residents	Rockford is 4th most obese city in the country.	No response provided	No response provided



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Chronic Disease That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
		That leads to high rates of chronic disease.		
Resource and outcome guide	All residents	Statistical growth in chronic disease	Again, timeframes and available resources	Meaningful distribution
Early Detection/Screening				
Early detection - screening	All	Populations are not aware of risk starting at early age and are not screened at encounters.	Health seeking behavior occurs when there are symptoms of a disease.	Cost, fear, transportation, complicated healthcare system, language, lack of understanding of importance
Ongoing early diagnosis	All	Large amount of evidence regarding importance.	Many undiagnosed	Access, money
Identification of chronic conditions through existing providers	All residents	Patient/physician relationship challenges due to constrained appointment timeframes.	Timeframes of appointments	Timeframes of appointments, willingness of patients to give full disclosure of symptoms
Healthy Lifestyles				
Healthy lifestyles	All residents	Overall unhealthy across region	Lack of access to healthy lifestyle options.	Lack of accessible options
Food deserts	Low income residents	Lack of access to healthy choices in food.	Very few healthy food options on west side; 100's of unhealthy food options	Few retailers for healthy food in certain areas
General health and wellness	No response provided	Obesity rates	No response provided	No response provided
Medications				
Access to medications	All	No response provided	No response provided	No response provided



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Chronic Disease That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Importance of medication adherence and doctor follow-up	All	Poor adherence is the norm, multiple reasons	No response provided	Primary care provider continuity, cost, difficult to be consistent
Prevention				
Prevention	The most chronically ill	Chronic preventable disease is growing.	Treat and release does not sufficiently support behavioral change.	Improving the efficiency of case management and patient support.
Prevention	All	Majority of chronic diseases can be addressed through early prevention efforts.	Lack of community policies and strategies to prevent chronic disease, e.g., smoking, obesity, physical activity.	Require lifestyle modifications, difficult to implement/hard to maintain for even the most motivated, lack of funding for prevention activities, lack of community-wide policies to support healthy behaviors
Social Determinants of Health				
Addressing the social determinants of health	All residents	Address the fundamental reasons why people are getting sick.	Burden of disease higher amongst minorities, low income, immigrants, etc.	Huge and growing burden of disease

MATERNAL/PRENATAL/EARLY CHILDHOOD HEALTH

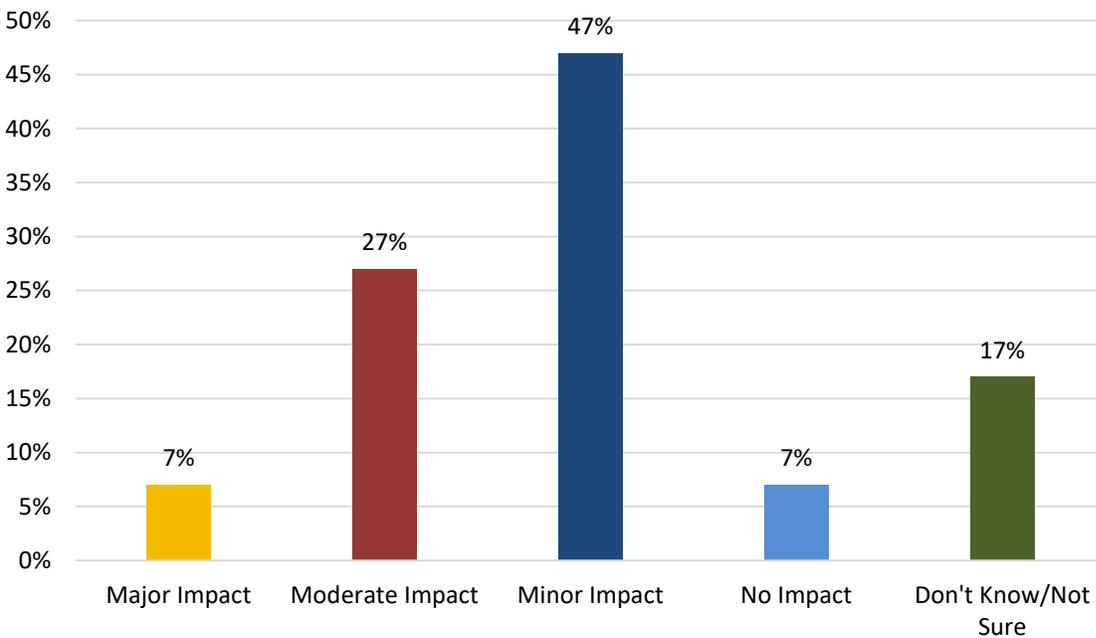
AWARENESS OF ROCKFORD REGIONAL HEALTH COUNCIL'S EFFORTS TO ADDRESS MATERNAL/PRENATAL/EARLY CHILDHOOD HEALTH

More than one-half (54%) of the respondents are aware of the Rockford Regional Health Council's efforts in the past three years to address maternal/prenatal/early childhood health in the region.

IMPACT OF ROCKFORD REGIONAL HEALTH COUNCIL'S EFFORTS TO ADDRESS MATERNAL/PRENATAL/EARLY CHILDHOOD HEALTH

One-third (34%) of the respondents who are aware of the Rockford Regional Health Council's efforts to address maternal/prenatal/early childhood health in the region think their efforts in the past three years have made a major (7%) or moderate (27%) impact (Figure 10).

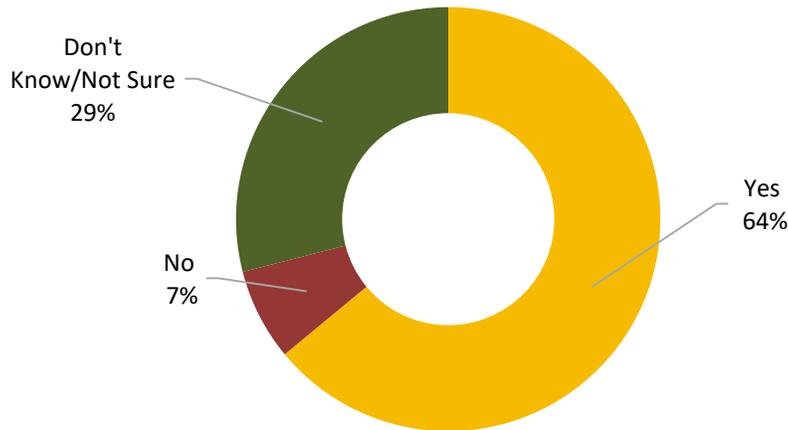
Figure 10: Impact of Rockford Regional Health Council's Efforts to Address Maternal/Prenatal/Early Childhood Health



CONTINUATION OF EFFORTS TO IMPROVE MATERNAL/PRENATAL/EARLY CHILDHOOD HEALTH

More than three-fifths (64%) of the respondents think that the Rockford Regional Health Council should continue its efforts to improve maternal/prenatal/early childhood health in the region over the next three years (Figure 11).

Figure 11: Continuation of Rockford Regional Health Council’s Efforts to Improve Maternal/Prenatal/Early Childhood Health



ASPECTS OF MATERNAL/PRENATAL/EARLY CHILDHOOD HEALTH THAT NEED IMPROVEMENT

If the respondent indicated that the Rockford Regional Health Council should focus its efforts on improving maternal/prenatal/early childhood health in the region over the next three years they were then asked which specific aspects need improvement. They were given the opportunity to list up to three specific aspects.

As shown in Figure 12, the aspects of maternal/prenatal/early childhood health that the respondents report need improvement are:

- Access to service (25%),
- Education (14%),
- Behavioral and social determinants (14%),
- Teenage pregnancy prevention (11%),
- Coordination of service delivery (11%), and
- Other aspects (4%).

For each specific aspect listed the respondent was asked to indicate the specific population groups that are in the greatest need of attention, the evidence of need, the gap in service, and the specific barriers to service (Figure 12).



Rockford Regional Health Council Key Informant Survey

Access to Service

The respondents comment that access to prenatal care, especially early prenatal care is lacking in the region. The population groups mentioned to be in greatest need of attention are African Americans, teenagers, young mothers, and single mothers. Infant mortality and morbidity statistics are cited as evidence of need. Barriers to service include patient's understanding of importance of early prenatal care, awareness of need for continual follow-ups, and transportation.

Education

Education regarding early childhood health is needed. The specific population group that is in greatest need of attention is young mothers, particularly African Americans. The respondents discuss the need for outreach to these population groups, a supportive framework for parents, and culturally appropriate education. The specific barrier to service mentioned is funding.

Behavioral and Social Determinants of Health

A variety of behavioral and social determinants of health are mentioned as needing improvement including reducing drug use during pregnancy, increasing access to healthy foods and activity-friendly spaces, and social determinants of health. The specific population groups that are in greatest need of attention are minorities and low-income residents. The evidence of need mentioned is poor maternal and child health outcomes and high rate of low birth weight infants. The gaps in service cited is lack of preventive and prenatal intervention and lack of home visiting programs for pregnant women and their children. The specific barriers to service are patient's not understanding the importance of behavior on health, lack of coordinated care, and language.

Teenage Pregnancy Prevention

The reduction in teenage pregnancy is needed. The evidence of need cited is the high teenage pregnancy rate in the region compared to the state and nation. The respondents believe what is needed to address this issue is education and intervention using a community-wide strategy. They think that the education should emphasize the attainment of a high school degree and risk taking behavior. Also, the region lacks culturally competent providers to address adolescent health and developmental needs. The specific barriers to service mentioned are lack of confidential services to minors, intergenerational poverty, teen parenting, lack of engagement of parents, guardians, and adults, fear, and lack of knowledge about birth control.



Rockford Regional Health Council Key Informant Survey

Coordination of Service Delivery

The respondents believe that there needs to be a more streamlined, less duplicative, and more coordinated system of care for all residents. One respondent mentions the need for a system of family care where all members of a family can be seen by the same provider.

Table 12. Maternal/Prenatal/Early Childhood Health Aspects That Need Improvement

Specific Aspect of Maternal/Prenatal/Early Childhood Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Access to Service				
Importance of early access to obstetric services	All	Large amount	No response provided	Patient understanding of importance
Early prenatal services	African Americans	Disproportional infant mortality and morbidity	African-Americans	Awareness, access
Early access to care	Teenage/young mothers	No response provided	No response provided	No response provided
More accessibility for all	All	More students are coming into school not prepared physically and mentally to learn.	Low income/at risk students are more directly impacted	Access to services and continual follow-up
Access to prenatal care	Single mothers especially	No response provided	No response provided	No response provided
Access is key	Most vulnerable populations economically	Access is variable as are outcomes	Access	Access and social support
Open resource centers	All residents	Availability can be better coordinated between agencies	Too few locations	Too few available centers, or lack of knowledge as to where centers are, transportation difficulties
Education				
Education	All mothers and fathers	Correlation between early childhood health and kindergarten readiness	Doctor visits alone do not create a support framework for parents.	Limited funding may not be properly allocated without professional consensus around priorities of practice.
Education	Young African American mothers	Lack of awareness in most disparate populations	Disparate populations	Lack of outreach to most affected



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Maternal/Prenatal/Early Childhood Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Education	Teenage/young mothers/parents	No response provided	No response provided	No response provided
Healthy lifestyle education	Young moms of color	Poor health choices in young families	Disparate populations	Lack of culturally appropriate education
Behavioral and Social Determinants of Health				
No drug use during pregnancy	All	Large amount	No response provided	Patient understanding of importance with programs if using
Healthy lifestyle access	Minorities, poor	Poor access to food, activity-friendly spaces, etc.	Minorities, poor	Access
Low birthweight infants	Low socioeconomic status, prior low birth weight infants, multiple gestations, short inter-conceptional time	Higher rates of low birth weight infants especially for African American women	Emphasis on hospital NICU care as compared to preventive and prenatal intervention; lack of home-visiting programs for pregnant women and their children	Lack of coordinated care, gaps in insurance coverage, competing priorities, transportation, language
Social determinants of health	All service providers to serve all residents	Minorities, low income, young single moms, urban poor carry the heaviest burden of poor maternal/childhood health outcomes	Growing burden of disease and poor maternal/child health outcomes	Growing burden of disease



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Maternal/Prenatal/Early Childhood Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Teenage Pregnancy Prevention				
Adolescent pregnancy prevention	Adolescents	High adolescent pregnancy rate compared to state and nation	Need for evidence-based intervention that supports educational attainment and delays risk taking behavior, lack of culturally competent providers to address adolescent health and developmental needs	Lack of confidential services to minors, intergenerational poverty and/or teen parenting, need to support engagement parents/guardians/adults, lack of knowledge or poor understanding of reproduction and contraceptive methods, fear
Reduction in teen pregnancy	Teens, single mothers	High rates of teen pregnancy	No education or intervention community-wide strategy	No education or intervention strategy to encourage utilization of birth control.
Teenage pregnancy	Teenage boys and girls	High percentage of births to teenage girls	Education about sex and pregnancy, but it needs a motivator -- I don't know what that is.	Lack of willingness to accept that it's not healthy for 14-year-olds to be having babies - there's a real unwillingness to discuss teenage pregnancies and sex education.



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Specific Aspect of Maternal/Prenatal/Early Childhood Health That Needs Improvement	Specific Population Groups That Are in the Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Coordination of Service Delivery				
Streamline service delivery system	All service providers to serve all residents	Fragmented, patchwork of services with wasted time and lots of duplication	Duplication as well as lack of staff time and resources to adequately address the need.	Staff time and training as well as funding
Coordination of services	All residents	Duplication of services and underutilization of services because not aware of service	No current directory of services for children and families	No priority placed on keeping provider and services listings current.
System of family care	All	Lack of coordinated system of care for "family" that focused on health of "parents," children, and extended family rather than multiple units of "specialty care"	Federally qualified health center provides most holistic approach where all members can be seen by same provider, lack of evidence-based home visiting programs for families to assist in the establishment of resilient, nurturing families	Requires long-term engagement and development of trust and relationships with family to assist in "case managing."
Other				
Requirement status for social programming recipients	Social programming recipients	Responsibility for mother and child	Lack of follow up	Fear of DCFS and law enforcement, reluctance to be "in the system"

ORAL HEALTH

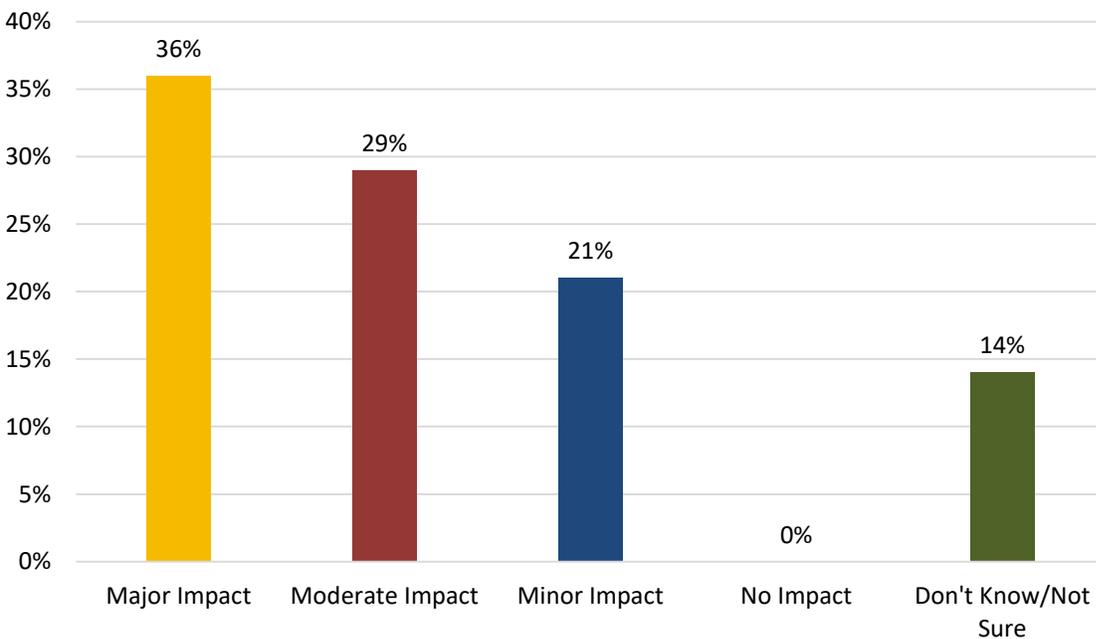
AWARENESS OF ROCKFORD REGIONAL HEALTH COUNCIL'S EFFORTS TO ADDRESS ORAL HEALTH

One-half (50%) of the respondents are aware of the Rockford Regional Health Council's efforts in the past three years to address oral health in the region.

IMPACT OF ROCKFORD REGIONAL HEALTH COUNCIL'S EFFORTS TO ADDRESS ORAL HEALTH

Two-thirds (65%) of the respondents that are aware of the Rockford Regional Health Council's efforts to address oral health in the region think that their efforts in the past three years have made a major (36%) or moderate (29%) impact (Figure 13).

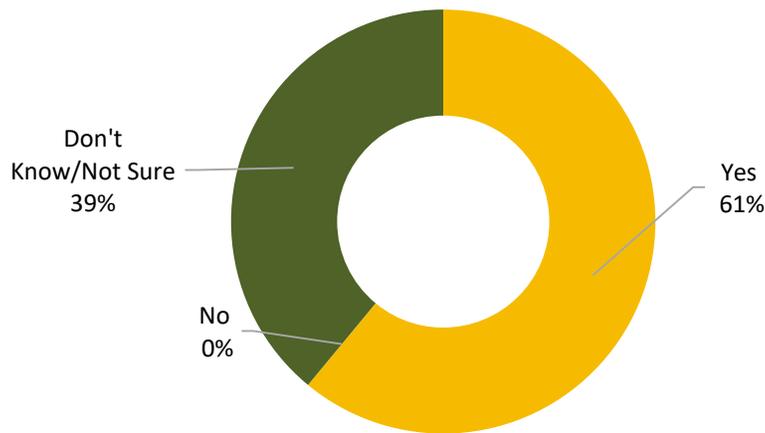
Figure 13: Impact of Rockford Regional Health Council's Efforts to Address Oral Health



CONTINUATION OF EFFORTS TO IMPROVE ORAL HEALTH

As shown in Figure 14, three-fifths (61%) of the respondents think that the Rockford Regional Health Council should continue its efforts to improve oral health in the region over the next three years.

Figure 14: Continuation of Rockford Regional Health Council’s Efforts to Improve Oral Health



ASPECTS OF ORAL HEALTH THAT NEED IMPROVEMENT

If the respondent indicated that the Rockford Regional Health Council should focus its efforts on improving oral health in the region over the next three years they were then asked which specific aspects need improvement. They were given the opportunity to list up to three specific aspects.

As shown in Figure 15, the aspects of oral health that the respondents report need improvement are access to services (43%), education (18%), and early screening (11%).

For each specific aspect listed the respondent was asked to indicate the specific population groups that are in the greatest need of attention, the evidence of need, the gap in service, and the specific barriers to service (Figure 15).

Access to Services

The respondents comment that oral health services are lacking for all residents across the life span, but especially for low-income residents. The respondents report that few dentists treat residents on Public Aid. The evidence of need cited includes high rates of cavities and tooth



Rockford Regional Health Council Key Informant Survey

decay and local reports. The main gap in service mentioned is a lack of dentists who will provide service to low-income individuals. Barriers to service include lack of money to pay for services, no dental insurance coverage, and low reimbursement rates for dentists.

Education

Education about dental care is needed for all. Specific population groups that particularly need education are minorities and low-income residents. The evidence of need mentioned is statistical data linking poor dental hygiene to overall health problems and poor dental health among children. The gaps in service are consumer indifference and funding challenges. Access to dental services and regular dental visits are reported as barriers to service.

Early Screening

The respondents comment that preventive oral health care is lacking for minorities and low-income residents as evidenced by the incidence of oral disease and chronic health problems associated with poor oral health. The main gap in service mentioned is a lack of dentists who will provide service to low income individuals. Barriers to service include that the state of Illinois does not pay for preventive oral care for adults on Medicaid.



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Table 15. Oral Health Aspects That Need Improvement

Specific Aspect of Oral Health in Need of Improvement	Specific Population Groups That Are in The Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Access to Services				
Accessibility for all	All	More students come to school with poor oral health hygiene and decay.	Limited access and knowledge at an early age of preventative measures.	Accessibility to services
Access to care	Low income residents	Few providers accept public benefits.	Lack of providers for persons with public benefits	Low reimbursement rates/excessive paperwork
Access to dental preventive care	All	Higher rates of dental caries, lack of sealant, adults without insurance coverage	No response provided	No response provided
More dentists willing to take low income patients	All low-income patients	Local reports	No response provided	Not enough dentist willing to take low income or payment plans.
Adult access to dental services - preventive and maintenance	Elderly and indigent	Many of these patients end up in the emergency department as a result of no preventive care.	Lack of available coverage for these services; most dentists do not see indigent or public aid patients.	Lack of any form of coverage
Lifespan dental care access	All residents	Unaffordable care	Disproportionate care across lifespan	Cost
Scope of services available locally	Low income residents	Lack of specialized services for persons with public benefits locally.	Lack of specialized services locally for persons without private insurance.	Low reimbursement rates/excessive paperwork



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Specific Aspect of Oral Health in Need of Improvement	Specific Population Groups That Are in The Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Access to pediatric dental services - preventive and maintenance	Indigent	No response provided	Lack of available coverage for these services; most dentists do not see indigent or public aid patients.	Lack of any form of coverage
Adults; efforts to care for children have improved services, but adults are lacking	Public Aid recipients	Public aid reimbursement is inadequate, especially for adult care, which leads to far greater issues and expense for the adults.	No response provided	No response provided
More dentists for poverty families	Those who can't afford dentists or don't have dental insurance	No response provided	I always liked the idea of bringing dentists into the schools to provide service there.	Money
Youth oral health	School age youth K-12	Due to low income population, access to oral health through the schools is necessary	Access, money	Access, money
Affordable treatment	Impoverished	Lack of people getting treatment	Impoverished	Income, insurance
Education				
Prevention education	Minorities, poor	Lack of social awareness	Lack of awareness	Available services
Education	Minority and seniors	Statistical data linking poor dental hygiene to overall health problems.	Consumer indifference, funding challenges	Regular dental visits
Education	All	Poor dental health among children	Impoverished	Awareness



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Oral Health in Need of Improvement	Specific Population Groups That Are in The Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
More emphasis on correct tooth brushing and flossing	All	What my dentist says	No response provided	Lack of knowledge
Preventive care/education while in school	All students	No response provided	No response provided	Childhood poverty leading to poor access.
Early Screening				
Early affordable screening	Minorities, poor	Disproportional dental disease	Minorities, poor children	Availability
Early screening	People of color, impoverished	Late access to treatment	Disparate populations	Access
Illinois does not pay for prevention for Medicaid adults	Low income adults	Correlation between poor dental health and other chronic health problems.	Low income adults not receiving preventive oral health care.	The state does not pay for preventive care for low income adults.
Other				
Keep same programs	Children	No response provided	Gap minimizing	Barriers lessening
Streamlining service delivery	All residents and service providers	Avoid duplication of services, cover more areas and more of the population; work smarter not harder	No response provided	Work smarter not harder
Address social determinants of health	All residents and service providers	Growing burden of disease amongst poor, minorities, immigrants, etc.	Address the growing burden of disease in an evidence based and economically savvy fashion.	Address the growing needs with less dollars.



Rockford Regional Health Council Key Informant Survey

Specific Aspect of Oral Health in Need of Improvement	Specific Population Groups That Are in The Greatest Need of Attention	Evidence of Need	Gap in Service	Specific Barriers to Service
Prescribing practices	All residents	Easy access to narcotic medications for dental procedures	Education to providers about alternatives to narcotic pain medications and limiting or eliminating prescriptions for narcotics.	Lack of understanding of how prescribing practices increases risk of dependence upon opiates.
Collaboration of partners; medical with dental etc.	All residents and service providers	Everyone needs to work together	Work smarter not harder	Bring people together so to avoid or minimize duplication of services.

OTHER AREAS THAT NEED IMPROVEMENT

OTHER HEALTH AREAS THAT THE ROCKFORD REGIONAL HEALTH COUNCIL SHOULD FOCUS ITS EFFORTS ON

When asked what other health areas need improvement that the Rockford Regional Health Council should focus its efforts on over the next three years, the following areas were mentioned:

- Opiates,
- Childhood Obesity,
- Access to Healthy Foods,
- Health Education,
- Preventative Care,
- Community Violence/Gangs,
- Stress of Poverty on Mental Health,
- Impact of Trauma,
- Advocacy for Health Policies/Resources,
- Engagement with Public School System, and
- Publicize to Consumers, Governments, Agencies, Etc. Health Needs and Outcomes.

NON-HEALTH RELATED AREAS THAT OTHER COMMUNITY AGENCIES SHOULD FOCUS THEIR EFFORTS ON

When asked what non-health areas need improvement that other community agencies should focus their efforts on over the next three years, the following areas were mentioned:

- Poverty,
- Violence Prevention,
- Transportation,
- Affordable Housing,
- Career Development/Job Training,
- Economic Development/Employment Opportunities,
- Educational Attainment,
- Neighborhood Blight,
- Social Determinants of Health, and
- Data Collection and Analysis.



Rockford Regional Health Council Key Informant Survey

APPENDICES

APPENDIX A – QUESTIONNAIRE

2017 Healthy Community Study--Key Informants

1. Briefly describe your organization's role in serving Winnebago and Boone Counties.

Primary Services Provided: _____

Primary Population Groups Served: _____

Does your organization serve Winnebago County, Boone County, or both?

Winnebago County

Boone County

Both

As a result of the 2014 Health Community Study, the Rockford Regional Health Council identified key areas on which they would focus their efforts. The following questions ask for each of the key areas your awareness of the Rockford Regional Health Council's efforts, the impact of its efforts in the past three years, and whether the Rockford Regional Health Council should continue focusing its efforts in the area. **The questions are asked for the region which includes Winnebago and Boone Counties.**

ACCESS TO CARE AND HEALTH EQUITY

2. Are aware or unaware of the Rockford Regional Health Council's efforts in the past three years to address **access to care and health equity** in the region?

Aware

Unaware (**GO TO QUESTION 4**)

3. Do you think that the Rockford Regional Health Council's efforts in the past three years to address **access to care and health equity** in the region has made a minor impact, moderate impact, major impact, or no impact?

Minor Impact

Moderate Impact

Major Impact

No Impact

Don't Know/Not Sure



Rockford Regional Health Council Key Informant Survey

4. Over the next three years, do you think that the Rockford Regional Health Council should focus its efforts on improving ***access to care and health equity*** in the region?

Yes

No **(GO TO QUESTION 10)**

Don't Know/Not Sure **(GO TO QUESTION 10)**

5. Which specific aspects of ***access to care and health equity*** in the region need improvement?

- a. _____
- b. _____
- c. _____

6. For each aspect of ***access to care and health equity*** indicated in Question 5, please provide the specific population groups (e.g., all residents, Hispanics, single mothers) that are in the greatest need of attention.

- a. _____
- b. _____
- c. _____

7. For each aspect of ***access to care and health equity*** indicated in Question 5, explain the evidence of need.

- a. _____
- b. _____
- c. _____

8. For each aspect of ***access to care and health equity*** indicated in Question 5, explain in detail the gap in service.

- a. _____
- b. _____
- c. _____

9. For each aspect of ***access to care and health equity*** indicated in Question 5, explain in detail the specific barriers to service.

- a. _____
- b. _____
- c. _____



Rockford Regional Health Council Key Informant Survey

BEHAVIORAL HEALTH

10. Are aware or unaware of the Rockford Regional Health Council's efforts in the past three years to address **behavioral health** in the region?

Aware

Unaware (**GO TO QUESTION 12**)

11. Do you think that the Rockford Regional Health Council's efforts in the past three years to address **behavioral health** in the region has made a minor impact, moderate impact, major impact, or no impact?

Minor Impact

Moderate Impact

Major Impact

No Impact

Don't Know/Not Sure

12. Over the next three years, do you think that the Rockford Regional Health Council should focus its efforts on improving **behavioral health** in the region?

Yes

No (**GO TO QUESTION 18**)

Don't Know/Not Sure (**GO TO QUESTION 18**)

13. Which specific aspects of **behavioral health** in the region need improvement?

- a. _____
- b. _____
- c. _____

14. For each aspect of **behavioral health** indicated in Question 13, please provide the specific population groups (e.g., all residents, Hispanics, single mothers) that are in the greatest need of attention.

- a. _____
- b. _____
- c. _____

15. For each aspect of **behavioral health** indicated in Question 13, explain the evidence of need.

- a. _____
- b. _____
- c. _____



Rockford Regional Health Council Key Informant Survey

16. For each aspect of **behavioral health** indicated in Question 13, explain in detail the gap in service.

- a. _____
- b. _____
- c. _____

17. For each aspect of **behavioral health** indicated in Question 13, explain in detail the specific barriers to service.

- a. _____
- b. _____
- c. _____

CHRONIC DISEASE

18. Are aware or unaware of the Rockford Regional Health Council's efforts in the past three years to address **chronic disease** in the region?

- Aware
- Unaware (**GO TO QUESTION 20**)

19. Do you think that the Rockford Regional Health Council's efforts in the past three years to address **chronic disease** in the region has made a minor impact, moderate impact, major impact, or no impact?

- Minor Impact
- Moderate Impact
- Major Impact
- No Impact
- Don't Know/Not Sure

20. Over the next three years, do you think that the Rockford Regional Health Council should focus its efforts on improving **chronic disease** in the region?

- Yes
- No (**GO TO QUESTION 26**)
- Don't Know/Not Sure (**GO TO QUESTION 26**)

21. Which specific aspects of **chronic disease** in the region need improvement?

- a. _____
- b. _____
- c. _____



Rockford Regional Health Council Key Informant Survey

22. For each aspect of **chronic disease** indicated in Question 21, please provide the specific population groups (e.g., all residents, Hispanics, single mothers) that are in the greatest need of attention.

- a. _____
- b. _____
- c. _____

23. For each aspect of **chronic disease** indicated in Question 21, explain the evidence of need.

- a. _____
- b. _____
- c. _____

24. For each aspect of **chronic disease** indicated in Question 21, explain in detail the gap in service.

- a. _____
- b. _____
- c. _____

25. For each aspect of **chronic disease** indicated in Question 21, explain in detail the specific barriers to service.

- a. _____
- b. _____
- c. _____

MATERNAL/PRENATAL/EARLY CHILDHOOD HEALTH

26. Are aware or unaware of the Rockford Regional Health Council's efforts in the past three years to address **maternal/prenatal/early childhood health** in the region?

Aware

Unaware (**GO TO QUESTION 28**)

27. Do you think that the Rockford Regional Health Council's efforts in the past three years to address **maternal/prenatal/early childhood health** in the region has made a minor impact, moderate impact, major impact, or no impact?

Minor Impact

Moderate Impact

Major Impact

No Impact

Don't Know/Not Sure



Rockford Regional Health Council Key Informant Survey

28. Over the next three years, do you think that the Rockford Regional Health Council should focus its efforts on improving *maternal/prenatal/early childhood health* in the region?

Yes

No (**GO TO QUESTION 34**)

Don't Know/Not Sure (**GO TO QUESTION 34**)

29. Which specific aspects of *maternal/prenatal/early childhood health* in the region need improvement?

- a. _____
- b. _____
- c. _____

30. For each aspect of *maternal/prenatal/early childhood health* indicated in Question 29, please provide the specific population groups (e.g., all residents, Hispanics, single mothers) that are in the greatest need of attention.

- a. _____
- b. _____
- c. _____

31. For each aspect of *maternal/prenatal/early childhood health* indicated in Question 29, explain the evidence of need.

- a. _____
- b. _____
- c. _____

32. For each aspect of *maternal/prenatal/early childhood health* indicated in Question 29, explain in detail the gap in service.

- a. _____
- b. _____
- c. _____

33. For each aspect of *maternal/prenatal/early childhood health* indicated in Question 29, explain in detail the specific barriers to service.

- a. _____
- b. _____
- c. _____



Rockford Regional Health Council Key Informant Survey

ORAL HEALTH

34. Are aware or unaware of the Rockford Regional Health Council's efforts in the past three years to address *oral health in Winnebago County*?

Aware

Unaware (**GO TO QUESTION 36**)

35. Do you think that the Rockford Regional Health Council's efforts in the past three years to address *oral health* in the region has made a minor impact, moderate impact, major impact, or no impact?

Minor Impact

Moderate Impact

Major Impact

No Impact

Don't Know/Not Sure

36. Over the next three years, do you think that the Rockford Regional Health Council should focus its efforts on improving *oral health* in the region?

Yes

No (**GO TO QUESTION 42**)

Don't Know/Not Sure (**GO TO QUESTION 42**)

37. Which specific aspects of *oral health* in the region need improvement?

- a. _____
- b. _____
- c. _____

38. For each aspect of *oral health* indicated in Question 37, please provide the specific population groups (e.g., all residents, Hispanics, single mothers) that are in the greatest need of attention.

- a. _____
- b. _____
- c. _____

39. For each aspect of *oral health* indicated in Question 37, explain the evidence of need.

- a. _____
- b. _____
- c. _____



Rockford Regional Health Council Key Informant Survey

40. For each aspect of **oral health** indicated in Question 37, explain in detail the gap in service.

- a. _____
- b. _____
- c. _____

41. For each aspect of **oral health** indicated in Question 37, explain in detail the specific barriers to service.

- a. _____
- b. _____
- c. _____
- a. _____

42. What other health areas need improvement that the Rockford Regional Health Council should focus its efforts on over the next three years?

43. What non-health related areas need improvement that other community agencies should focus their efforts on over the next three years?

Thank you for your participation.



Rockford Regional Health Council Key Informant Survey

APPENDIX B – INVITATION EMAIL

Dear [FirstName] [LastName],

The Rockford Regional Health Council is currently engaged in the 2017 Healthy Community Study of Winnebago and Boone Counties. The Center for Governmental Studies at Northern Illinois University has been retained by the Rockford Regional Health Council to conduct the Study. The purpose of this survey is to collect information to help identify the key areas that the Rockford Regional Health Council should focus its efforts on in the coming years. Your responses will assist the Rockford Regional Health Council with its continued efforts to improve the health of Winnebago and Boone County residents.

Responses will be confidential, and all information provided will be reported in summary form only. No information will be reported that will identify individual survey respondents. The survey should take approximately 10 minutes to complete.

If you have any questions about the survey please call me at 815-753-0039.

Thank you for your participation.

Mindy Schneiderman, Ph.D.
Assistant Director
Center for Governmental Studies
Northern Illinois University

[Begin Survey](#)

Please do not forward this email as its survey link is unique to you.

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